TO: Wisconsin Government Accountability Board

GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats

508-266-8003, http://gob.wi.cov/cmail: gob@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI, 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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I reside at 1201 S. Newal Colora do Soring Colora do 80903 (circulator's residence - include number, street, and prunicipality)				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall neutron. Tom aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.				
(date) Pleas	e mail this form to: Recall V	(signature of circularly) VICO	<u> </u>	

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

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(jurisdiction or district of officeholder)

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2 502

(date)

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Richard Risco Certification of Circulator	,, certify:
I reside at 1701 S. News do Colora do Servicio Co	lorado 80903

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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2 503

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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I reside at 1201 S. Neva de Colora do Springs Columbo 80903				

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P.O. Box 26 • Silver Lake, WI 53170

Page No. 2504

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This form is prescribed by the Government Accountability Board, P.O. Box. 7984, Madison, WI 53707-7984
608-266-8005, http://gab.ui.com/email:gab@wisgov

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TO: Wiscousin Government Accountability Board

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Certification of Circulator	, certify:
I reside at 17018, Nevada Colorado Sorrings Colorado	80903
(circulator's residence - include number, street, and reunicipality)	January of the invitable

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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

TO: Wiscousin Government Accountability Board

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(name of officeholder to be recalled and office)

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Certification of Circulator , certify:				
I reside at 1201 S. Navada Colorado Sorinas Colorado 80903 (circulator's residence - include number, street, and municipality)				

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R	ichard	Riscol	Certification of Circulator	, certify:	
I reside at	1201	S. Neuada	Calorado Springs	Colorado 80903	
reside at_			's residence - include number, street, and municipality)		

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608-266-8005, http://gab.wijson.cmail.gab@wijgov

(date)

TO: Wiscousiu Government Accountability Board

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22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

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Richard Risial.	Certification of Circulator	, cenify:
Treside at 120(5. New Ada	of circulator Oracles Springs ('s residence - include number, street, and numicipality)	
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P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

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Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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Richard Risco	Certification of Circulate	D r	<u></u>

(circulator's	residence - include number, street and municipality)	V
district represented by the officeholder named in this petit	obtained each of the signatures on this paper. I know that the ion. I know that each person signed the paper with full knows given. I support this recall petition. I am away that falsif	owledge of its content on the date indicated
(date)	(signature of circular	lor)

Please mail this form to:

Recall Wirch

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
<u> </u>	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1. Joseph 1	1700 88th ST Kerash WI 53143	Drown Kends Va	4711	
2. Sh Sh	2226 58 TY SDIYZ	D'Village KUNOS Wa	4/1/11	
Amala Jenuta	1724 191 Ave Flashe WE 53140	D Village Kensika	4/7/11	
4. Robert Brown	5722 3518. AW Konsslews 3/44.	O Town O Village N City	4-7-11	
5. any Salo	1922-89th street KenoshaWES3143	ortown Ovillage Kenosha	4-7-11	
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10.		□ Town □ Village □ City		
	Cartification of Circulate) µ		

Richard	Certification of Circulator	, certify:
1 reside at 1201	S. Nevades Colorado Socias Colorado	SQ103
	(circulator's residence - include number, street, and municipality)	1

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of us content on the date indicated opposite his or her name. I know their respective residences given. I support this regall petition - I am hware that falsifying this continuous is punishable under

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wiscousin Government Accountability Board

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(jurisdiction or district of officeholder)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
<u>A</u>	Rural address must also include box or fire no.	Indicate Town, City, or Village	1/./
1. Jal	2930 45H Street Kenosha 101 53144	Urillage WINOSher	4/3/11
2. Smith	3930 45th Street	O Town	4/5/11
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3. P. A. P. P.	3509 15Th SI Kenostla, WI 53144	O Town O Village Kenostin	4.5-11
6. Middle W Serenan	918 645 St. Kenstha, WF 53142	U Town U Village City City	4-5-11
7.	\$717 -32" Are lower Kerocha W/53/44	O Village Kenus ha	4-5-11
8/May Mulson	6906 22N. AVE Kenosna W= 53143	O Town O Village Pa City LOSIO	4-5-11
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Certification of Circulator , RICHARD SACWAY , certify:			
Treside at 23 A John Son		12110	· · · · · · · · · · · · · · · · · · ·
(circu	lator's residence - include number, street, and municipality)		

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Please mail this form to:

Recall Wirch

(signature of circulator)

Page No. 2

GAB-170 (Rev. 62007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

608-266-8005, http://gab.wi.gov/email; gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

22d District State Senate of Wiscowin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Trinda Historia	KLUGSMA) 1 53142	orcily Kenosha	100/11
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	+ 60081	City GREET	137
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. Richard	Riscol	Certification of Circulator	, certify:
I reside at [20]	S. Nevado	name (Provision) N COLOTA do S P CINAS COLOTA do ulator's residence - include number, street, and multicipality)	80903

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated U am aware that falsifying his certification is punishable under opposite his or her name. I know their respective residences given. I support this recall petition §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

TO: Wiscousin Government Accountability Board

official with whom nomination papers or declaration of candidacy for the office is filed

We, the undersigned qualified electors of the 22" Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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Richard Risco	Certification of Circulate	Or , certif	y:
	name of circulator)	Colorado	
eside at 1201 2 Nevalor	culator's residence - include number, strey, and municipality)		
ersonally circulated this recall petition and personally	ů ý		

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 25/3

§.12.13(3)(a), Wis. Stats.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

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	Rural address must also include box or fire no.	Indicate Town, City, or Village Town	SIGNING
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10.		□ Town □ Village □ City	,
	Contification of Cinaulate		

Richard Riscol	Certification of Circulator	, certify:
	(name of circulator) (name of circulator)	80903

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this local petition. Jan appeare that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

GAB-170 (Rev.6/2007). The information on this form is required by \$5, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-298-

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

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22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

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	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Amonda Du lacera	19315 2607 fex #2	□ Town □ Village)	03/21/11
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2. Alacandra Francia	3122 23 Ave Lower	Town	05/31/1
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27 RTACKO Jam	Kenoshy with	posciny Kenosha	3/31/11
Richard Riscol	Certification of Circulate) D r , certif	آ <i>ن</i> ·
reside at 1201 S. Neurola Colorado Springs Colorado 80903			
(circu	plator's residence - include number, street, and minicipality)	_ (
personally circulated this recall petition and person	nally obtained each of the signatures on this pa	ner. I know that the signers are electors	of the jurisdiction

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that talsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

n to: Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

Page No. 2515

TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov/cmail/gab@wi.gov

GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Page No. 2 5/6

				
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Certification of Circulator				
, Kichard KISWI		, certify	/ :	
I reside at 1201 S. Nevada Colora la Springs Colora la 80903				
	flator's residence - include number, street, and municipality)			
I personally circulated this recall petition and person	nally obtained each of the signatures on this paper	per. I know that the signers are electors	of the jurisdiction or	

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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

22nd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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1. Pothu RiEP	BD SALGA 53168	Ovillage JALEM	4/4/11
2. Les Alle	SAIEM WISSINS	© Town O Village GA Len City	4/4/11
3. Ray Hortmen	8951 27157 SHLEM WI 5318	□Town @rVillage 5 A LEM	4/5/11
Donald I Hannan	2870 SILVER. LAKE. RI SALEM WI 53168	Matown □ Village SALEM □ City	415.11
5. Janny Fligtreault	26701 75th Street Sulen W1 53118	errown O Village O City SAUCH	4-5-11
6. Paul Neyman	5010m 53/68	V.Town UVillage City	4.5-11
1. Sarlowa Schitams	24503 894 St. Sailem, WI 53168	OSTOWN O Village SAZEM O City	4-5-11
8. Vicia Poffeck	27955 51/Ver Lake RJ 361em 53168	O'Town O'Village City Solution	4.5.11
9/19hl 1/	22206 120-17 SY Bustol W. 53104	Vijown Uvillage City Calem	4-5-11
10. Million	11775 231 5 CT Trovar, W. 53179	B Town U Village 5ALEM City	4-5-11

TOAN Stuscie	Certification of	of Circulator	, certify:
I reside at 8 4.08 ENGLER	· · · · · · · · · · · · · · · · · · ·	JOHN Mo 6	3/14
I personally circulated this recall petition and personal district represented by the officeholder named in this p		natures on this paper. I know that	
opposite his or her name. I know their respective resid	ences given. I support this i	ecall petition. Yamaware that fals	ifying this certification is punishable under
§.12.13(3)(a), Wis. Stats.	/ 	(signature of circle	Musue
GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10.	mail this form to:	Recall Wirch ox 26 • Silver Lake, WI 53	Page No. (25/7)
This form is prescribed by the Government Accountability Board, P.O. Box 7984. Mad. 608-266-8005, https://example.com/memory-email:gab/g/wi-gov	www.Recall	Wirch.com • RecallWirch@ر	mail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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	PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	1
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GAB-170 (Rev. 6/2007). The information on this form is required by §S. \$40 and 9.10. Wis, Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-798www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov/email: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
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(circulator's residence - include number, street, and municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats. Solution
(date) Please mail this form to: Recall Wirch Pare No.

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.cov/cmail: gab@wi.gov

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Sexale District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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4. Peter peace	964 Monte law Pr. 53401	☐ Town ☐ Village ☐ City	1-11-11
5. Mo Mesen	27625 66th ST Salem 53/68	Town O Village City	4411
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Please mail this form to: /	Recall Wirch	Page No.
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TO: Wisconsin Government Accountability Board

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is presented by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53707-7984
608 266-8005, http://gab.wi.gov/email: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District (jurisdiction or district of officehelder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes,

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
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() KINB 1 55	Bristol W1 53104	☐ City	3/17/201
4. John C Tostoe	8415 1997 AVE	☐ Town ✓ Village	3/18/2011
5 4 4 /	8415-189 H doe Go boy 356	☐ City ☐ Town	779204
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Please	mail this form to: $\mathcal{V}_{Becall W}$	irch v ———	

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

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	LING PURPOSES, WHEN DIFFERENT THAN MUN IE OF THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
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1, Jonathan Meale , certify: 1 reside at 2125 NW DY ST Miami, F 33/67
(circulator's residence - include number, street, and municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2522

GAB-170 (Rev.6/2007) The information on this form is required by \$§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accommability Beard, P.O. Box 7984, Madison, WI_\$3707-7984, 608-266-8003, http://eap.wi.gov_crnail.gab@wi.gov

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22st Wiscousiu State Senate District

(junsaliction or district of otherholder)

petition for the recall of Robert Wirch 22 District State Senate of Wiscousin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall portion. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 523

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.com.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAME	OF THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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I personally circulated this recall petition district represented by the officeholder na opposite his or her name. I know their res	med in this petition. I know that	each person signe	d the paper with full knowledge	of its content on the date indicated
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P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://eab.wi.eov_cmail: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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Certification of Circulator	
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I reside at 2125 WW 12 transfer precurators + Mi am (F) (citediator's residence - include number, street, and municipality)	316/
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know district represented by the officeholder named in this petition. I know that each person signed the paper with opposite his or her name. I know their respective residences given. I support this recall position. I am aware the §.12.13(3)(a), Wis. Stats.	Inti knowledge of its comen on me age majegred

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2525

GAB-170 [Rev.&2007] The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov/email:gab@wi.gov/

www.RecallWirch.com--RecallWirch@gmail.com

Recall Wirch

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I reside at 2125 VW 24-54 (circulator's residence - include number. street	Mianij Fl 3316/
I personally circulated this recall petition and personally obtained each of the signal district represented by the officeholder named in this petition. I know that each per opposite his or her name. I know their respective residences given. I support this respective residences given.	
(date) Please mail this form to:	(signature of circulatof) Recall Wirch Recall Wirch

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

tiurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountsbilling Board, P.O. Box 7984, Madison, W1.53707-7984
608-266-8005, https://gab.wi.gov crnail: gab@wi.gov

V

22rd District State Senate of Wiscousing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	TCIPALITY OF RESIDENCE, IS NOT S TALWAYS BE LISTED.	OFFICIENT.			
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	lator's residence - include number, street, and immicipality)					
I personally circulated this recall petition and person district represented by the officeholder named in this	nally obtained each of the signatures on this pass petition. I know that each person signed the	per. I know that the signers are electors paper with full knowledge of its content	of the jurisdiction on the date indicate			

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

n to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.			
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING			
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I reside at <u>2125</u>	NW 1241		1 hami)	H 3316/	
	(circulator's residence - include	number, street, and in	unreipanty)	•	
district represented by the offi-	all petition and personally obtained each o ceholder named in this petition. I know that ow their respective residences given. I supp	at each person sig	gned the paper with full kno	wledge of its content on the date indic	cated
§.12.13(3)(a), Wis. Stats.	y-1-11	- X	(signature of effection)	M	
	Please mail this form	to: V_{F}	Recall Wirch	DN-	٦

P.O. Box 26 • Silver Lake, WI 53170

GAB-178 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.cm/cmail: gab@wi.gov

TO: Wisconsin Government Accountability Brand

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT SI	UFFICIENT.	
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district represented by the	e officeholder name I know their respec	ed in this petition. I know	that each person signi	d the paper with full n. I am aware that fa	knowledge of i Isifying this cel	re electors of the jurisdiction or its content on the date indicated rtification is punishable under
		Places mail this for	m to:	(signature of cir	culator)(

Récall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No??

GAD-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.com cmail; gab@wigov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE O SIGNING
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leng Joste a	2842 10th AVE 7 KENUSH W, 53141	D Town D Village W City Kenoshu	4.2-1
o. The was	Rain Wi	D Town D,Village SPCity	4-2
Jonathan Megi	e Certification of Circulate	or , certif	`у:

\cdot
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated
opposite his or her name. I know their respective residences given. I support this regall petition. I am aware that falsifying this certification is punishable under
§.12.13(3)(a), Wis, Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

This form is prescribed by the Government Accountability Board, P.O. Rox 7984, Madison, WI 53707-7984
608-266-8005, http://gab.ui.co. ertail: gab@wigov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

This form is prescribed by the Government Accountability Bened, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gnh.wi.gov.com.il/gab@wi.gov

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.				
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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10. John Marsh	Kinggina 63140	U Town U Village UV City UV Kell U Sha	4-4-11	
Certification of Circulator Certification of Circulator Certify:				
1 reside at 2/25 NW (name of kirculator) 4 ST Minmy F/ 3316/				
(circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.				
^(ժոն) Pleas	e mail this form to: Recall V	(signature of circulator)		

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

27d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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[2007])	53207 Q Cit	x Kenosva 1914/11
. Jonathan	Certification of Circulator	, certify:
I reside at 2/25	Numary of circulator) 24th 5t	Miami, F1 33167
	(circulator's residence - include number, street, and municipality)	/

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

uRecall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No 2532

GAB-170 (Rev. 62007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Brand, P.O. Box 7984, Madison, WI \$3707-7984
608-266-8005, https://gab.ui.gov.com.il/

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22dd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §5, 8,40 and 9,10. Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.com/cmail: gab@wi.gov

Rehusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	TCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Sew D	4056 7 hAVE # 1 53640	City Kenishia	4-4-11
5. andrea Sund	3504 - 87th St. 53142-	O Town O Village Kenosha P City	4-4-11
Elijah France	1921-87 0- 53147	O Town O Village O City	4-4-11
Autoritie	1757 215 Am 53140	Town Dillage Keno ha	4-4-11
Janie Sindrich	6330, Sheriska rd 33143	O Town O Village City Kno Shu	4-11-11
HINNEY	7547 15th stars	Dolly (PAGA)	4-4-11
o. Vnustive Seere	POBOY1751 Xenoshaw153141	Drown Kenosha	4 4 11
Jonathan Me	Gertification of Circulate	/ O r , certif	y:
eside at 2/25 NW	white of circulator) 4 5 5 1 - ulator's residence - include number, street, and municipality)	Midwy 41	33 16
ersonally circulated this recall petition and personality circulated this recall petition and personalitic represented by the officeholder named in this posite his or her name. I know their respective respective respective respective respective respective.	s petition. I know that each person signed the p	paper with full knowledge of its content	on the date indicated

V_{Recall Wirch}

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984

608-266-8005, http://gab.ui.gov_comit: gab@ni.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wiscousin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
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6.	8443198+ 174e.	□ Town	
1)~ \)	Bristol, WES3104	City Srist	4-6-11
Thank G. Jel	4901 JEA AVE	Drown Conoshe	U-1.11
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	e mail this form to: Aecall W	I Vago Na	
AB-170 (Rev.6/2007). The information on this form is expoired by §§, 8.40 and 9.1 his form is prescribed by the Government Acomparability Reput P.O. Box 2004, §4.	N. Wis. State. P.O. Box 26 • Silver	lake. Wi 53170	"/K7J

TO: Wisconsin Government Accountability Board

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://gab.wi.gov.com.il.gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
THE NAME O	P THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.	
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	e mail this form to: $\mathscr{C}_{RecallW}$	/irch U	
B-170 (Rev. 6-2007) The information on this form is required by §\$. 8.40 and 9.	10. Wit. State. PO Boy 26 • Silver	I Done Me	2000

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	
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212 E 1111 Manife of controllator) C1 M1 1 C 2011 7				
1 reside at 2125 NW 124 St Mani, F 3316)				
(circulator's residence - include number, street, and municipality)				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or				
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated				
opposite his or her name. I know their respective residences given. I support this recall polition. I am aware that falsifying this certification is punishable under				
§.12.13(3)(a), Wis. Stats. 2-3]-				
(date) (signature of circulator)				
Please mail this form to:				
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.	Troodii T	I Page Nov	2576	
This form is prescribed by the Government Accountability Board, P.O. Box 7984, N 608-266-8005, http://gob.wi.gov/cmail: gab@wi.gov	www.RecallWirch.com • Re			

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wiscousin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Cole Cardwoodsen	577CO 45# St Belongian WE 57105	☐ Town☐ Village☐ ☑ City	2/29/11
3. Jennifar Harkness	14/09 301 AVE #103 Kensoha, WI 53/4/4	□ Town □ Village □ City	3-29-11
4. Jamy Cochent	5619 674 AUE. KENOSHAMIS 52 40	□ Town □ Village > 124 City	3-29-11
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of K. Enckson	1900 18Ave Upper Kenosha, WI 53140	C) Town C) Village City	3/29/11
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8. L. Mater	341859 th St Kenoshar WI55144	□ Тоwл □ Village № City	3/29/11
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Who C Am	TKEVOK WI 53/79 Cortification of Circulate	City City	15/28/11

Treside at 2123	
(circulator's residence - include number, stre	et, and municipality)
I personally circulated this recall petition and personally obtained each of the signs	atures on this paper. I know that the signers are electors of the jurisdiction or
district represented by the officeholder named in this petition. I know that each pe	rson signed the paper with full knowledge of its content on the date indicated
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opposite his or her name. I know their respective residences given. I support him re	can pronon. I am aware that taisnying this certification is pullishable under
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Please mail this form to:

"Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page Nor

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 668-266-8005, https://doi.org/10.1006/pii/gov/10.1006/pi

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8:40 and 9:10. Wis. Stats

TO: Wisconsin Government Accountability Board

(afficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousing

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City. or Village	DATE OF SIGNING
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4 Mille Mahr	1109 79 A. Kenosha WI 57142	Q/Town U/Village City	3-28-4
5 Bun Bennett	53142	☐ Town ☐ Village ☑ City	3-29-4
6. Jose Estrado	1390 35/h st trenosta wi 33/44	O-Town O Village City	3-29-11
7. John Erving	10022 75m	O Town O Village O City	3-29-11
8. Just Grobean	3711 22 M2 Ave	□ Town □ Village &Ccity	3-29-11
9. Jesse Cholean	180549 WI 53142 37/1 22 M2 Noe	☐ Town ☐ Village Dt City	3-29-11
10. Kerreth & Bour	Caux Lake WI 53/09	☐ Town DKallage ☐ City	3-29-11
Lonathan Mexic Certification of Circulator , certify:			
Treside at 2125 NW 24 St Miani, F1 33 14-7 (circulator's residence - include number, street, and numicipality)			

Treside at 2/25 WW 124 5 T	ber. street, and municipality)
district represented by the officeholder named in this polition. I know that ea	this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No 2536

TO: Wisconsin Government Accountability Board

§.12,13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.com_cmail; gab@wi.got

GAB-178 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis, Stats, This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

Rebusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



		<u> </u>		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.	
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1 reside at 2/25 NW 124-Th - St Miamig F1 - 33/6/				
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or				
district represented by the officeholder named in this	s netition. I know that each person signed the i	paper with full knowledge of its conten	t on the date moleated	
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under				

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

608-266-8005_http://gab.wi.gov_cmail: gab@wi.gov

petition for the recall of Robert Wirch 22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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2. Bernard Bush.	1929-55+ Street	O Town	
Hernand Buch	Kenoshaiw I 52140	☐ Village ☐ City	3/25/1
2 10 0 (16	18807-160464,	₽ Town	'"
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4 1/	4705 36 th AVE 5	☐ Town	
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11900			
. Jonathan 1	Megic	Dr , certi	fy:
I reside at 2125 NW - 24 - St Miam-17-F1 33167			
(circu	lator's residence - include number, street, and municipality)		

(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on a opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is pto §.12.13(3)(a), Wis. Stats. 3-29-11	the date indicated
(date) (signature of circulator)	
Please mail this form to: Recall Wirch GAB-178 (Rev. 6/2007) The information on this form is required by §8, 8-40 and 9.10, Wis. Stats. This form is prescribed by the Covernment Accountability Beard, P.O. Box 7984, Madison, WI 93707-7984 P.O. Box 26 • Silver Lake, WI 53170	SHD

TO: Wisconsin Government Accountability Board

(official with whom pomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

petition for the recall of Robert Wirch 22d Dist

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT SI ALWAYS BE LISTED.	JFFICIENT.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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- navu (sacom	Fenosha 53142	☐ Town		
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A. Mudda	Silver Lake WI S3170	Town Silver Lake	3/29/11	
Jam () Wood		City Strong Cong	<u> </u>	
halad howeroah	53/43 we.	D'Illage Kenosha, BJ	3-29-11	
55.\	53143	□ Town □ Village	20.11	
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per fee	1(CNO)44 W 2 55/12	O Town		
Bominic Locco	12 SA 16 46 AV 55 Strat 53144	Deity Kendsho WI	29/3/11	
Meredith whitlock	5615 47th Ave Vanusha LUI 53/40	O Town Wilage Kenosha Wt.	3/29/11	
	Line C'ha #1	Q City		
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heling from the	Ikmosla WI 53142	The new stay WI	1,75/11	
Certification of Circulator				
donathan Megic	2	, certify	/ :	
Treside at 2125 NW 124 St Miami Fl 33167				
(cire	ulator's residence - include number, street, and municipality)			

opposite his or her name. I know their respective residences given. I support this recall position. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-176 (Rev. 6/2007). The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability, Board, P.O. Box 1984, Madison, WI 53/101-7984
668-266-8005, <u>http://gab.wi.co.</u> cmail: gab@wi.gov

(date)

§.12.13(3)(a), Wis. Stats.

form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22" Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
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district represented by the officeholder named in this netition. I know that e	the signatures on this paper. I know that the signers are electors of the jurisdiction or ach person signed the paper with full knowledge of its content on the date indicated this recall petition. I am aware that falsifying this certification is punishable under (signature of circulator)

Please mail this form to:

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

-This form is prescribed by the Government Accountability Board, P.O. Box. 7984, Madison, WI 53707-7984
608-266-8005. http://gab.wi.gov.cmail.gab/givi.gov.

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Page No

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Certification of Circulator				
i, Jonathan Plegie , certify:				
1 reside at 2125 NW 124 St Mian i Fl 33/47				
(circulalor's residence - include number, street, and municipality)				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or				
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under				
§.12.13(3)(a), Wis. Stats.				
(daic)	<u> </u>	(signature of circulator)		
	Please mail this form to: Recall Wirch			

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

(date)

GAD-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

608-266-8005, <u>http://gab.wi.gov</u>/cmail: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984. Madison, WI 53707-7984

Please mail this form to:

22" District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stoted on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
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1 reside at 2/25 Minume of circulator's residence - include number, street, and municipality)				
I personally circulated this recall petition and person	nally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction or	
district represented by the officeholder named in this	s petition. I know that each person signed the p	paper with full knowledge of its content	on the date indicated	
opposite his or her name. I know their respective res §.12.13(3)(a), Wis. Stats.	idences given. I support this recall petition. I at	m aware that falsifying this certification	is punishable under	

(signature of circulator)

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reoson for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.			
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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opposite his or her name. I know their respective residences given. I support this recall patition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://gab.wi.gov.cmail.gab@wi.gov P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



			
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5. Muller	(022) 18th Ave	O Town 58843	3/30/11
6. Moral Alvarez 2	62-818-99-0	Orillage 4.6 24 - 37-40	3-30-
7. Marting	29 13 Paric VIII 15 342	Town Village City City	3/30/11
8.	53144 53144	or town Utilage Becity Luade	3/30/1
9. Janaia Bleil	2215-2840e Kenosha JI 53140	□ Town (1 □ Village □ City	3/30/2011
10. Amber July	3100 85th st Kenoshawis314	□ Town \\ □ Vilage \\ ZCity	3/30/11
Certification of Circulator , certify:			
I reside at 2125 NW (frame of circles) St. M. Sum if F/33167.			
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or			

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences giveny I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats. (signature of circulator)

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WY \$1707-7984 608-266-8005, http://gab.wi.gov/cmail/gab@wi.gov/

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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· Vine Volsardo Vilab	Kenosha WII 53158 104 15 WAV	© Town □ Village □ City	3/30/11
5. Can well	Kenusha W I 53/42 7112 38th Ave	o Village Ken osh q	3/14/11
Korson Mr. Williams	3117755t 3 Kenosha 53415	☑ fown □ Village □ City	3-30-11
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reside at 212.5 NW (name of circles of St. Many F1 33167).			
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.nov/cmail; gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22rd Wiscousiu State Senate District</u> (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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ADR M. POWITO	Kewala W.I. 53142	D Village Kenosha	
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In ward	53158	City Propre	3-30-11
6. N h	8314 27 NO AM	□ Town	21-1
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7.	6720 38+hAVP	□ Town	
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10 () () ()	Kenosha, Wi. 53142	City	3-30-11
10. Chrie Rosemann	T94026+1 Ave	D/Town □ Village	2/2 /1
	tenska SS143	ocity (CNO) (O	2159/1
Jono than Certification of Circulator			
n / / Ligona of circulated / , certify:			
reside at 2125 NW Miam F 331/7			

I reside at 2125	(circulator/s residence - include number, stre	Miani Fl ext, and municipality)	33/67
opposite his or her name. I kno §.12.13(3)(a), Wis. Stats.	all petition and personally obtained each of the sign ceholder named in this petition. I know that each peow their respective residences given. I support this re $3-30-1$	TSOO Stoned the paner with full browl	ados of its sentent and a large in the
(date: 2AB-176 (Rev.6/2007). The information on this f	Please mail this form to:	(signature of circulator) Recall Wirch	Page No D - 10

Page No. 2546

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
	G PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
THE NAME O	F THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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4. DOM	TREWOR W. 1 53179	□ City	5-307
6. 11 /	4624 Harring 84	☐ Town	0 20 1
M/Saaver	Kenosha WT 5314Z	□ Village	3-30-1
7. MA ()	10556 14th CT	O Town	
" Man Bin	Phasant Brains W.I.	Dat Oliage 53/58	13-70-
PAL	10956 14th CT	□ Town	
"Alexis Burkholder		XVillage 53158	13-1301
1/1/2/	Pleasant Prairie, WI	□ City □ Town	-
Whattan In	9715 65 716.	☐ Village	3-30
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. On a Man Certification of Circulator , certify:			
reside at 2125 NW 1245+ Mian; F/ 33167			
(circulator's residence - include number, street, and municipality)			
personally circulated this recall petition and perso	nally obtained each of the signatures on this par	ner I know that the signers are electors	of the invisdiction or
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

(date)

Recall Wirch

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005; http://gab.wi.gov/email: gab@wi.gov/

www.RecallWirch.com • RecallWirch@gmail.com

Page Noc

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats

608-266-8005, http://gab.wi.gov/cmail; gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
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reside at 2125 NW (name of circulator) 5+ Mi DMi F/ 33/67.			
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under			

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Certification of Circulator			
1. Jonathan Meale Certification of Circulator, certify:			
(1/pppg of circulator)			
reside at 2125 NW 124th St Miami, F1 33167			

(circulator's residence - include number, street	I, and finunicipality)
I personally circulated this recall petition and personally obtained each of the signal	
district represented by the officeholder named in this petition. I know that each pen	
opposite his or her name. I know their respective residences given. I support this rec	all petition. I am aware that falsifying this certification is punishable under
§.12.13(3)(a), Wis. Stats. $4-2-11$	Inage

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

petition for the recall of Robert Wirch 22d Di

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.			
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
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1 reside at 2125 NW 124th St	Miamir F1 33167		
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction			

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2 552

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This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov/emoil/.gab@wi.gov/

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison



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I personally circulated this recall petition and personally obtained each of the signature district represented by the officeholder named in this petition. I know that each person opposite his or her name. I know their respective residences given. I support this recally §.12.13(3)(a), Wis. Stats. U - 2 - 1	signed the paper with full knowledge of its content on the date indicated

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

			KI	LALL	PLII
O: Winenuniu	Ganonumout	Accountability	Books		

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall polition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
668-266-8005, http://gab.wi.gov.com.il/gab/win.gov.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170

Page No. 255

Recall Wirch

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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terro personally circulated this recall petition and person district represented by the officeholder named in thi	pally obtained each of the signatures on this pa	per. I know that the signers are electors paper with full knowledge of its content	of the jurisdiction of on the date indicate

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by \$§, 8.40 and 9.10, Wis. Stats.

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608-266-8005, https://gab.wi.gov cmail: gab@wi.gov W

§.12.13(3)(a), Wis. Stats.

form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 2556

то: Wisconsin Government Accountability Board

(official with whom numination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	Γ ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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· Jonal han Me	(Approf circulator)	, certify	<i>'</i> :
reside at 2125 NW 124"	Ph St Miami, Fl	33167	
(circu	lator's residence - include number, street, and municipality)		
personally circulated this recall petition and person	ally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction o

(date)

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by \$1, 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Beard, P.O. Box 7984, Madisce, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

Www.RecallWirch.com • RecallWirch@gmail.com

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

2: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22" Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MU THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S FALWAYS BE LISTED.	SUFFICIENT.
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opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator,

P.O. Box 26 • Silver Lake, Wi 53170 www.RecallWirch.com • RecallWirch@gmail.com

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. State This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-286-8005 http://gab.wi.com equal: gab@nigot

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder) petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	· · · · · · · · · · · · · · · · · · ·
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GAD-170 (Rev.6/2007) The information on this form is required by \$\$, 8.40 and 9.10, Wis. State, This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984
608-266-8005, http://gab.wi.gov.email:gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wiscousin Government Accountability Board

§.12,13(3)(a), Wis. Stats.

GAB-178 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wiscousing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
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I personally circulated this recall petition and person district represented by the officeholder named in this	nally obtained each of the signatures on this pages petition. I know that each person signed the p	per. I know that the signers are electors paper with full knowledge of its content	of the jurisdiction of the date indicate

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov email: gab@wi.gov

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.		
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
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pposite his or her name. I know their respective residences given. I support this .12.13(3)(a), Wis. Stats.	gnatures on this paper. I know that the signers are electors of the jurisdiction or person signed the paper with full knowledge of its content on the date indicated recall polition. I am aware that falsifying this certification is punishable under
(date) Please mail this form to:	Recall Wirch

GAB-170 (Rev. 62007) The information on this form is required by §§, 8.40 and 9,10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7084
608-266-8005, http://gub.wis.com/email/gub/giwigor/

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 2562

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUS THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	T
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

GAD-470 (Rev. & 2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.
This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984
608-266-8005. http://gab.wigov.email: gab@wigov.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

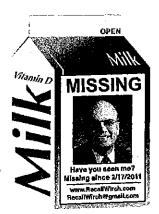
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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5. Ashly Burke	8005 GOM AVE 58142	D Town O Village SCrity LLNOSh CA	4/4/11
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circulated this recall petition and persons	ator's residence - include number, street, and municipality) ally obtained each of the signatures on this pap	er. I know that the signers are electors o	of the jurisdiction

d in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall pelition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

GAD-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 Page No.

This form is presented by the Government Accountability Board, P.O. Box 7984, Medison, WI 53707-7984 608-266-8005, http://gab.wi.gov.cmail: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is (ifed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats

608-266-8005, http://gab.wi.gov.cmail; gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

224 District State Senate of Wisconsin

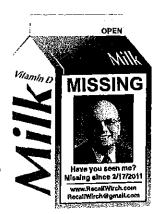
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



Page No. 2565

			
THE MUNICIPALITY USED FOR MAIL	ING PURPOSES, WHEN DIFFERENT THAN MU	NICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Bu Popur	5207 13th fre #1311 53140	10 Town 10 Village Landsha 18 City	4-4-11
3. Auturo Rumeroz	6038 18 AVE	a Village Kenosha	4-4-11
4. B. Calloler	6928-13 Aug	☐ Town ☐ Village ☐ City	4-41
J. Kaley	1433-08WIAUP	Town Phasha	4-4-11
Hugory Bernito	1411 - 30 th ave	O Town O Village Cocity Kend She	4-4-11
2 Stacy Milson	5721 42nd Ave	U Town U Village Kenosha	4-4-11
8. Was Creek	1 55740	o Town O Village Kenosha	4.4.11
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(date)	se mail this form to: Recall V	(signature of circulator)	

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I personally circulated this recall petition and person	ally obtained each of the signatures on this paper	per. I know that the signers are electors of	of the jurisdiction or		

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

(signature of circulator) Recall Wirch

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accomnability Board, P.O. Box 7984, Madison WI 53707-7984 (68-266-8005, http://gob.wi.gov.cmail: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

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22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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I personally circulated this recall petition and person	ally obtained each of the signatures on this paper	per. I know that the signers are electors of	of the jurisdiction or

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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2567

GAB-170 (Rev. 6/2007). The infermation on this form is required by §§, 8-40 and 9-10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, Wi. 53707-7984

608-266-8005. http://gab.wi.pox/cmail/gab@wi.gov/

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this receil/petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats. (signature of circulator) Please mail this form to: ∄ecall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	r
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats. (date)

Please mail this form to:

VRecall Wirch P.O. Box 26 • Silver Lake, WI 53170 Page No.

GAB-170 [Rev. 6/2007]. The information on this form is required by §§. 8.40 and 9.10. Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-2884 (68%-266-8005, http://gab.wi.gov.cmail:gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005. http://guh.wi.gov. comil; gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

This form is prescribed by the Government Accountability flourd, P.O. Box 7984, Madison, WI 53707-7984

22 District State Senate of Wisconsin

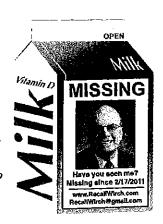
(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

⊶ www.RecallWirch.com.•-RecallWirch@gmail.com

Page No.

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

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22rd District State Senate of Wisconsin

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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Récall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

(signature of circulator)

Recall Wirch

GAB-170 (Rev. 6-2001) The information on this form is required by §§, 8.40 and 9.10. Wis, Stats, This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005. http://gab.wi.cov.email; gab@wi.gov

(date)

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No.

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin tname of officebolder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	TICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
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opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://gob.wi.gov.cmail:gab@wi.gov

§.12.13(3)(a), Wis. Stats.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

Please mail this form to:

GAB 170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

608-266-8005; <u>haprogab wigov</u> email; gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984



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Recall Wirch

P.O. Box **2**6 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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(circulator's residence - include number, street, and municipality)				

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§, \$.40 and 9.10, Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005. http://gab.wi.eos_cmail: gab@wi.gov

(date)

GAB-170 (Rev. 6/2007) The information on this form is required by §§. S.40 and 9.10. Wis. Stats.

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22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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opposite his or her name. I know their respective residences given. I support this recal petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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(signature of circulator) Please mail this form to: Recall Wirch Page No. GAB-170 (Rev. 6/2007) The information on this form is required by §8, 8.40 and 9.10. Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov_email: gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com

opposite his or her name. I know their respective residences given. I support this recall polition. I am aware that falsifying this certification is punishable under

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

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608-266-8005, http://gsh.wi.gov.email.gab@wi.gov

Please mail this form to:

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

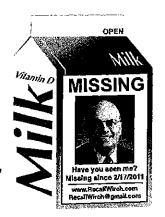
22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

(date)

GAB-170 (Rev.6/2007) The information on this form is required by \$\$, 8.40 and 9,10. Was Stats,

This form is prescribed by the Government of the Accountability Board, P.O. Box 7984, Madison, WI 33707-7984 608-266-8005, http://gab.ui.gov.crail: gab@wi.gov.

Please mail this form to:

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

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(jurisdiction or district of officeholder)

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(circulator's residence-include number, street, and mo	unicipality)
1 personally circulated this recall petition and personally obtained each of the signatures of district represented by the officeholder named in this petition. I know that each person signaposite his or her name. I know their respective residences given. I support this recall personal transfer of the signatures of the signature of the signatures of the signature of the signatures of the signature of the	ened the paper with full knowledge of its content on the date indicated
§.12.13(3)(a), Wis. Stats.	2000
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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 258/

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9,10. Wis, Stats.
This form is prescribed by the Government Accountability Board, P.O. Roy 7981, Medison, WI 53707-7984
608-266-8005, http://gab.wi.gov.com/ii/gab@wi.gov

TO. Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	CICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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district represented by the	Officeholder named in I know their respective i	sonally obtained each of the sign in the s	person signed the par recall petition. I am	per with full knowledge of aware that falsifying this control (signature of circulator)	are electors of the jurisdiction or its content on the date indicated ertification is punishable under

P.O. Box 26 • Silver Lake, WI 53170

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis, State This form is prescribed by the Government Accountability Reard, P.O. Bey 7984, Madison, WI 53707-7984
668-266-8005, http://gub.wi.gov. ceasil: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

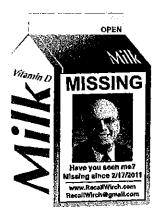
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILIN THE NAME O	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST	NCIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
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Jonathan Mey	Certification of Circulato) r , certify	u-
side at 2125 NW IS	name of circulator) 24 9	3167	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Rox 7984, Madison, WI 53707-7984 608-266-8005. http://gab.wi.com email: gab@wi.gov

(date)

				476
TO:	Wisconsin	Government	Accountability	Braid

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2584

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis, Stats. This form is presented by the Government Accountability Board, P.O. Box 7984, Madrison, WI 33707-7984 608-266-8005, https://gab.wij.com/email:gab@wij.gov/

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousiu State Senate District

(jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



							
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.							
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF				
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GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

P.O. Box 26 • Silver Lake, WI 53170

This form is presented by the Concentrated Accountability Board, P.O. Box 7884, Madison, WI 33707-7984 608-266-8005, https://gab.wi.gov.craali.gab/j.wi.gov www.RecallWirch.com • RecallWirch@gmail.com

Page No.

				171
ľO:	Wisconsin	Government	Accountability	Brond

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats,

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gain.wi.gan-conail:gab@wi.gor-

<u>istrict State Senate of Wisconsin</u> (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	SICIPALITY OF RESIDENCE, IS NOT STALWAYS BE LISTED.	SUFFICIENT.			
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Jonathan Men	Certification of Circulato	7	a.			
reside at 2125 NW 124 St Miami, Fl 33167						
(circul	ator's residence - include number, street, and municipality)					

opposite his or her name. I know their respective residences given. I support this recall position. I am aware that falsifying this certification is punishable under

Řecall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousix State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

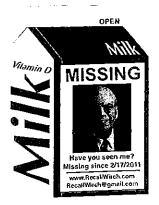
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF				
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I reside at	2125	NW	Uname of circulator)	Miami	Fl	33167		
_			(circulator's residence - in	clude number, street,	and municipal	ity)		
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	, Wis. Stats.	1, 0	4	/ \		A - 6	۷.	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-178 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WJ 53707-7984 608-266-8005, http://jah.wijsov/email/gab@xi/gov

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.							
	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF				
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	Please mail t	his form to: /Reca	ill Wirch	Page No 7-CC

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Beand, P.O. Box 7984, Madison, WI 53707-7984
608-266-8003, http://gab.wi.com/email/gab@wi.gov/

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch

(jurisdiction or district of officeholder) 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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1. Jonathan Menie.	Certification of Circulator	
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opposite his or her name. I know their respective reside $\S.12.13(3)(a)$, Wis. Stats.	ly obtained each of the signatures on this paper. I know that etilion. I know that each person signed the paper with full kences given. I support this recall petition. I am aware that fals	nowledge of its content on the data indicated
(date)	Asignature of gird	1V

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

www.RecallWirch.com--RecallWirch@gmail.com-

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by \$5, 8.40 and 9.10. Wis, State. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, https://gab.wi.gov.erail: gab@wi.gov

ro:	Wisconsin	Government	Accountability	Beard

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	FPURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jason Spen	5507 24M AVR	D Town D Villege Steries Shap	4/8/11
2. Norian Degrens	3338 17 BU	Ority Kenasha	4/08/11
3 Kashidan	2020 60 st \$3143	U Town U Village X L N USh a	4-8-11
4. Taymy Many	2316 5700 5treet	O Village Kenosha	4-8-11
5. James Salige	2316 521dst 53140	D Town Kenosha D Village Kenosha 88 City	4-8-11
6. That Sall	4401 13 Street 53144	D Town City D City	4-8-11
7. Mariah Canes	(030(0 24thau+63142	D Town D Village D CACO	4-2-1
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I reside at	2125	NW	Jame of circulate	or) <u>Mi Q</u> n	ii, Fl	33167	,
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district repres	sented by the off or her name. I ki	iceholder nac	ned in this petition. I	know that each pe	erson signed ti	he paper with full knowled	gners are electors of the jurisdiction or dge of its content on the date indicated this certification is punishable under
	(da	1e)	8-11		\rightarrow	(signature of circulator)	<u> </u>
~		. ,	Please mail th	is form to:	V _{Recal}	Il Wirch	Page No. O.C.

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9,10, Wis, Stats.

This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Macison, WI 33707-7984
608-266-8005, http://gab.wi.gov/email: gab@wi.gov/

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No. 2590

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.us.gov/email: gab@wi.gov

(date)

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

Please mail this form to:

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
<u> </u>	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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9. This L. Gin	\$700 11th 51.47 Kenosha, WI 53149	Notion Venoster.	4/7/11	
10.		☐ Town ☐ Village ☐ Cily	· · · · ·	
Jonathan Megie Certification of Circulator, certify:				
reside at 2125 NW 12	TIMMIT	F1 33167		
(circula	ator's residence - include number, street, and municipality)			
I personally circulated this recall petition and personal district represented by the officeholder named in this popposite his or her name. I know their respective residence.	petition. I know that each person signed the pa	per with full knowledge of its content or	n the date indicated	

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 wiscousin State Senate District

petition for the recall of Robert Wirch 2

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	FURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT STALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Tred mill Wilken	KENOShu53144	□ Town □ Village ☑ City	3-20-11
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	3743 18 19 50 Werding W L 53149	□ Town □ Village ঠi City	3-20-11
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Jonathan 1	Certification of Circulate	0 r , certi	fy:
side at 2/25 M/W	rulator's residence - include number. street, and municipality)	Fl 33167	

(signature of circulary)

Please mail this form to: Recall Wirch

opposite his or her name. I know their respective residences given. I support this recall petition. Lam aware that falsifying this certification is punishable under

TIECEN VIICH

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District tjurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



		HODALITY OF DESIDENCE IS NOT	EUFFICIENT	
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
Andrew Lossins	8828 4/3 Ave 6/ 53142 Kenosha, W.T.	☐ Town ☐ Village अर्थ City	3-30-11	
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ann Dr.	Kanoon, W 53143	□ Town □ Village	3-30-11	
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Kally Janson	1224 16th the	☐ Town ☐ Village	2.36-11	
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circulated this recall petition and pers	onally obtained each of the signatures on this p	aper. I know that the signers are elector	s of the jurisdiction o	

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Please mail this form to:

... www.RecallWirch.com • RecallWirch@gmail.com

GAD-170 (Rev. 6/2007). The information on this form is required by §§. \$ 40 and 9,10, Wis. Stats This form is prescribed by the Government Accountability Road, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gob.wi.gov.cmail; gab@wi.gov.

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ne undersigned qualified electors of	the 224 Wiscousiu State Senate District	Vilanin j	M
on for the recall of Robert Wirch	22 rd District State Senate of Wiscon (name of officeholder to be recalled and office)		MISSIN
office pursuant to Article XIII, Sect	ion 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
icial responsibilities of the officeholder. tive, judicial, or county officials.)	STATEMENT OF REASON FOR RI ons for city, village, town, and school district officials. No statement of reason is required to initiate the rec Wisconsin 22 ^d State Senate District i	The reason must be related to call of state, congressional,	Have you seen m Misaing aince 2/17/ www.RecallWirch.c RecallWirch@gmail.
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		□ Town □ Village □ City	

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall perfition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov. email: gab@wi.gov

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22nd Wiscousiu State Senate District</u> (jurisdiction or district of officeholder)

Delock Illingt Double of Ch

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005; http://gab.wiceov.remail: gab@wicgov.

GAD-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Dox 7984, Madison, WI 53707-7984

22d District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN IF THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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reside at 2125 NW 124	range of circulator) 5 + Miani F culator's residence - include number, street, and minicipality)	33167	
	onally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction of

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

TO: Wiscousin Government Accountability Board

official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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2.	5812 73 RD 5/162	i C) Village		
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X HULLIAN	53143	Village VONUSAA	4-5-11	
8. Karey E. Hollis	7320 52rd Ave	Q Town	11 1	
Harry Halling	52142_	Sacily Kenosha	4.51	
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(I hut to Class)	53/68	City Calk	457/	
10.1	53/0 WHO 573	□ Town	115/	
Joseph John Joseph	571/12	becily sen 05 ho	4-5/11	
LANION REPOSED				
1, Jonathan Megie, certification of Circulator, certify:				
Treside at 2125 NW 124th St - Miami Fl 33167				
I reside at 2125 NW 1245 ST Many F 3516 / (circulator's residence - include number, street, and municipality)				
(ench	, , , , , , , , , , , , , , , , , , ,			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 254

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7084
608-266-8005; https://gab.wi.gov/email: galtd/wi.gov/

(date)

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. State

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

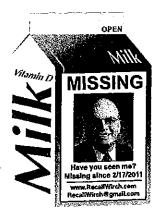
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.	
	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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3. Princetapel	1919 16th ove 12enostra, W1 53140	Town Village Kenpshe	4-6-11	
4. Marca Wright	Kenoshawi 53143	Ordinge Kenosha	4-6-11	
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Certification of Circulator				

, mant nu	Certification of Circulator	
I reside at 212.5	(name of circulator)	Winn! Certify:
(6	inculator's residence - include number, street, and municipality)	- \'
I personally circulated this recall petition and per	sonally obtained each of the signatures on this paper. I kn	ow that the signers are electors of the jurisdiction of

district represented by the officeholder named in this petition. I know that each person, eigned the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

> (date) Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

GAB-170 (Rev.6/2007). The information on this form is required by \$§, 8.40 and 9.10. Wis. Stats, This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984 608-266-8005. http://gab.wi.gov.email; gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

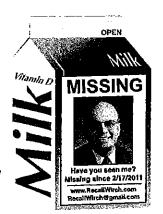
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUST THE MUNICIPALITY OF RESIDENCE MUST	NICIPALITY OF RESIDENCE, IS NOT FALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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district represented by the	e officeholder named in this p	petition. I know that each pe	rson signed the paper with full k	the signers are electors of the jurisdiction on the date indicated
opposite his or her name.	I know their respective resid	lences given. I support this re	call petition. I am aware that fals	sifying this certification is punishable under
§.12.13(3)(a), Wis. Stats.	11-1	11		- 0

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 7669

GAB-170 (Rev. 62007) The information on this form is required by §§, 8.40 and 9.10. Wis, Stats.
This form is presented by the Government Accountability Board, P.O. Box 1984, Madison, WI 53707-7984
608-266-8005, https://gob.wi.gov email: gab@wi.gov

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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



SIGNATURES OF ELECTORS	F THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	b.mp.a
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I reside at 2125	NW 12gm	st Miam	vii Fl	33167	
	(circulator	s residence - include number, stre	et, and municipality)		·
opposite his or her name. I k §.12.13(3)(a), Wis. Stats.	liceholder named in this pet	ition. I know that each pe	rson signed the a	paper with full knowla	igners are electors of the jurisdiction or edge of its content on the date indicated g this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

-www.RecallWirch.com - RecallWirch@gmail.com

Page No.

GAB-170 (Rev. 6-2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Beard, P.O. Rox 7984, Medison, WI 53707-7984 608-266-8005, http://gab.ui.gov. ermil: gub@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be reculted and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison



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1. Jonathan	Megie Certification of Circulator	, certify:
I reside at 2125	NW Jay St Miami, Fl	33167
Too H. I. I. I. I. I. I.	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

₩ecall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6-2007) The information on this form is required by §6, 8.40 and 9,10. Wrs. Stats.

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